

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.  | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         | RH       |         | 4/27     |
| O.I.P.E. CLASSIFIER       |          |         | 5-17-01  |
| FORMALITY REVIEW          | RE       | JCS/703 | 06/16/01 |
| RESPONSE FORMALITY REVIEW | Request  | 925     | 09-13-01 |
|                           |          |         |          |

## INDEX OF CLAIMS

|   |                      |            |   |       |              |
|---|----------------------|------------|---|-------|--------------|
| ✓ | .....                | Rejected   | N | ..... | Non-elected  |
| = | .....                | Allowed    | I | ..... | Interference |
| — | (Through numeral)... | Canceled   | A | ..... | Appeal       |
| ÷ | .....                | Restricted | O | ..... | Objected     |

| Final | Claim    | Date |
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|       | Original |      |
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| Claim |          | Date |  |  |  |  |  |  |
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| Claim             | Date |  |  |  |  |  |
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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10/6/60  
JCS-5853  
10/6/60  
JCS